



SIOPSA PRESIDENT-ELECT 2024/2025 NOMINATION FORM

Nomination of a person to be proposed by the Annual General Meeting of SIOPSA for appointment as President-Elect in terms of clause 8.4 of the SIOPSA Constitution is hereby issued.

Please note:

1. The nominee, proposer, and seconder **must be** Full SIOPSA members when submitting the nomination form.
2. We will accept nomination forms filled and signed electronically as PDF files.
3. Nomination forms filled out manually and printed will be accepted.
4. The nomination forms should be completed and submitted via email to the SIOPSA office. Email to: amanda@siopsa.org.za.
5. Please make sure to attach the nominee's CV along with the completed nomination form.
6. Nominations submitted after **30 May 2024** will not be accepted.

Nominee information	
Name & Surname	
Email Address:	
Physical Address:	

Proposer information	
Name & Surname	
Email Address:	

Person seconding the nomination	
Name & Surname	
Email Address:	

ACCEPTANCE OF NOMINATION: By signing the nomination form, I confirm my availability for the position of President-Elect in terms of SIOPSA's constitution.

Signature of NOMINEE _____ **Date:** _____

Signature of PROPOSER _____ **Date:** _____

Signature of SECONDER _____ **Date:** _____

Thank you for your nomination.

We appreciate your time and effort in completing this nomination form. If you have any further questions, please contact SIOPSA Secretary Lungile Langa at info@siopsa.org.za.

Non-Profit Registration Number – 042 531-NPO, VAT Registration Number – 4740206620
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